TN NHSN User Call

Tuesday, January 18th, 10am CT

Call Agenda

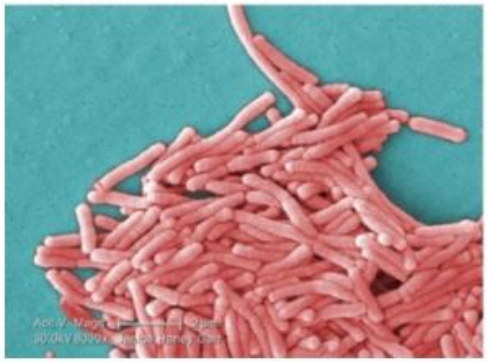
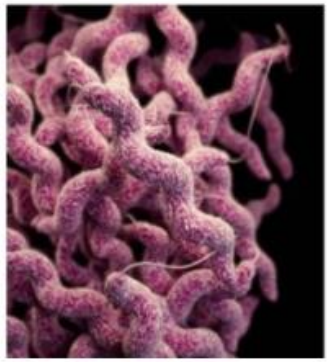
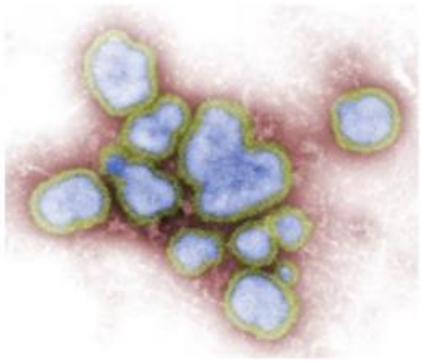
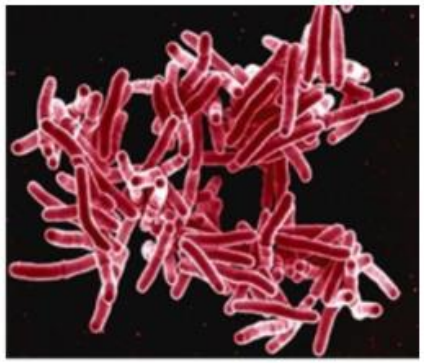
- **2022 Reportable Diseases**
  - **Allison Chan, MPH.**
- **HCP COVID-19 Vaccination Reporting**
  - **Christopher Wilson, MD.**
- **NHSN 2022 PCS Updates**
  - **Vicky Reed, AAS, RN. CIC**
- **Project Firstline**
  - **Missy Travis, MSN, RN, CIC**
- **COVID-19 Update**
  - **Magdalena Dorvil-Joanem, MD, MPH**

2022 Reportable Diseases

Allison Chan, MPH

2022 Statewide Reportable Conditions

Reportable Diseases

Communicable diseases are easily spread from person to person. Prompt reporting of a communicable disease can allow public health officials to locate and treat exposed persons, identify and contain outbreaks, and interrupt disease transmission. The information obtained from disease reporting is also used to monitor disease trends, identify high risk groups, develop policy, and design prevention programs.

Notice: COVID-19 cases and deaths are immediately reportable conditions

***Please note*: all positive and negative molecular (PCR), and antigen test results for SARS-CoV-2 (COVID-19) are reportable to TDH.**

https://www.tn.gov/health/cedep/reportable-diseases.html

Reporting Methods

- **Report Via Fax**
  - **The PH-1600 may be faxed or emailed directly to the local or regional health office at https://www.tn.gov/health/health-program-areas/localdepartments.html or to the CEDEP Division at the Tennessee Department of Health (TDH) at (615) 741-3857**
- **Report Online**

- Online reporting for all conditions is completed in the National Electronic Disease Surveillance System (NEDSS) Base System (NBS): https://hssi.tn.gov/auth/login. Healthcare providers and laboratories will log into NBS to enter patient demographics, the reportable condition, facility and provider information, and attach lab report information. Reporters can request an account at https://redcap.health.tn.gov/redcap/surveys/?s=8L7CMWHN4M. If you encounter problems signing up, please email CEDS.Informatics@tn.gov

Reporting Methods

- **Electronic Laboratory Reporting (ELR)**

  - Requirements for those laboratories interested in ELR are available at https://www.tn.gov/health/cedep/laboratory-reporting.html

Reporting Changes Summary

https://www.tn.gov/content/dam/tn/health/documents/reportable-diseases/Summary-of-Public-Health-Reporting-for-2022.pdf

HCP COVID-19 Vaccination Reporting

COVID-19 Vaccination Reporting

- Beginning on October 1:
  - IQR Program must submit COVID-19 vaccination data
    - Through Weekly COVID-19 Vaccination Module,
    - At least one week per month,
    - Facilities can select any week within the month to report data,
    - COVID-19 vaccination data should be submitted by the end of the quarter as defined by CMS.
- Beginning on November 5th, 2021:
  - CMS Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule is operational in TN

COVID-19 Vaccination Requirement

- **What facilities?**
  - Medicare and Medicaid-certified provider and supplier types
- **Which staff?**
  - Includes all current staff as well as any new staff who provide any care, treatment, or other services for the facility and/or its patients, regardless of clinical responsibility or patient contact
- **What vaccines?**
  - Pfizer-BioNTech COVID19 Vaccine/Comirnaty, Moderna COVID-19 Vaccine, and the Janssen (Johnson & Johnson) COVID-19 Vaccine,
  - Also all WHO EU vaccines and clinical trial vaccines
- **Phase 1 Deadline: January 27, 2022**
  - "Staff … must have received, at a minimum, the first dose of a primary series or a single dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its patients."
- **Phase 2 Deadline: February 28, 2022**
  - "Staff … must complete the primary vaccination series (except for those who have been granted exemptions from the COVID-19 vaccine or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by CDC)."
- **Links:**
  - Final Rule: https://www.federalregister.gov/documents/2021/11/05/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-vaccination
  - FAQ document: https://www.cms.gov/files/document/cms-omnibus-covid-19-health-care-staff-vaccination-requirements-2021.pdf

Exemptions

- Are exemptions allowed?
  - Yes.
  - Providers and suppliers should establish exceptions as a part of its policies and procedures and in alignment with Federal law
  - CMS believes that exemptions could be appropriate in certain limited circumstances, but no exemption should be provided to any staff for whom it is not legally required or who requests an exemption solely to evade vaccination.
- Documentation
  - CMS requires facilities to ensure that requests for religious exemptions are documented and evaluated in accordance with applicable federal law and as a part of a facility's policies and procedures.
  - Facilities must ensure that all documentation confirming recognized clinical contraindications to COVID-19 vaccinations for staff seeking a medical exemption are signed and dated by a licensed practitioner
- Note:
  - The regulation requires that facilities develop a process for implementing additional precautions for any staff who are not vaccinated

Where do I go for questions?

- Please contact the programs listed below for specific facility types:
  - Inpatient quality reporting program (hospitals): iqr@hsag.com
  - PPS-exempt cancer hospital quality reporting program: QRFormsSubmission@hsag.com
  - Inpatient psychiatric facility quality reporting program: IPFQualityReporting@hsag.com
  - Inpatient rehabilitation facility quality reporting program: questions@cms.hhs.gov
  - Long-term acute care quality reporting program: LTCHQualityQuestions@cms.hhs.gov

NHSN 2022 PSC Updates

Agenda

- **Patient Safety Component**
  - **2022 General Protocol Changes**

2022 Patient Safety Component Updates

Chapter 1: NHSN Overview

- **Addition: Information about COVID-19 vaccination reporting through the HPS module added to chapter.**
  - **Chapter 1-3**

Chapter 6: Pneumonia

- **Addition:**
  - **New section added:**
    - **“Key Terms and Abbreviations” provides guidance to refer to Chapter 2 and Chapter 16 for definitions of universal concepts for conducting HAI surveillance (DOE, HAI, IWP, POA, RIT, SBAP, LOA, Transfer rule). Chapter 6-2**
  - **Note added to tables 1-4 and Figures 1-2: “The PNEU Algorithms (PNEU 1,2,3) and Flowchart include FOOTNOTE references.**
    - **The interpretation and guidance provided in the FOOTNOTES are an important part of the algorithms and must be incorporated into the decision-making process when determining if a PNEU definition is met.” Chapter 6-(6-11).**

Chapter 6: Pneumonia

- **Clarification:**
  - **"Definitions" section renamed "Definitions Specific to PNEU/VAP Surveillance." Chapter 6-2**
  - **Definition for Ventilator-associated pneumonia (VAP) updated with the following:**
    - **"If a break in mechanical ventilation occurs for at least one full calendar day, ventilator day count for ventilator association starts anew upon reintubation and/or re-initiation of mechanical ventilation." Chapter 6-3**
  - **Guidance for Determination of Eligible Imaging Test Evidence, third bullet (•) updated to state**
    - **"All elements of PNEU/VAP definition must be present within the Infection Window Period (IWP). The exception may occur when identifying persistence of imaging test evidence of pneumonia, as the second imaging test must occur within seven days of the first but is not required to occur within the IWP. The date of the first eligible imaging test will be utilized when determining if the PNEU/VAP criteria are met within the IWP." Chapter 6-3**

Chapter 6: Pneumonia

- **Clarification cont.**
  - **General Comments 5b and 6 and Footnotes #8 and #9 updated to reflect the following:**
    - **Pleural fluid specimens obtained during thoracentesis or within 24 hours of chest tube placement are eligible specimens.**
    - **Pleural fluid specimens collected after a chest tube is repositioned or from a chest tube in place > 24 hours are not eligible specimens.**

      Chapter 6-4

  - **Footnote #1, first bullet (•) clarified**
    - **to reflect that the guidance is applicable to ventilated and non-ventilated patients without underlying pulmonary or cardiac disease. Chapter 6-12**

  - **Footnote #10, sixth bullet (•) clarified**
    - **as follows: "those on enteral or parenteral administered steroids (excludes inhaled or topical steroids) daily for > 14 days on the date of event". Chapter 6-14**

Chapter 6: Pneumonia

- **Clarification cont.**
  - **Table 5 :**
    - **Lung tissue specimen footnote clarified to reflect that lung tissue specimens obtained by either open or closed lung biopsy methods are eligible, but for post-mortem specimens only lung tissue specimens obtained by transthoracic or transbronchial biopsy methods that are collected immediately post-mortem are eligible. Chapter 6-15**
  - **Denominator Data:**
    - **Validation of electronic counts guidance updated to be consistent with other device-associated chapters. Chapter 6-16**
- **Deletion:**
  - **“Definitions” section: POA, HAI, and DOE definitions removed since they are defined in Chapter 2.**

Chapter 9: Surgical Site Infection (SSI) Event

- **Addition:**
  - **A ‘Surveillance Period for SSI’ definition has been added:**
    - **under ‘SSI Event Details’. Chapter 9-5**
  - **‘Timeframe for SSI Elements’ definition has been added:**
    - **under ‘SSI Event Details’ separate from the ‘Date of event (DOE) for SSI’ definition. The timeframe for SSI elements was previously explained under the ‘Date of event [DOE] for SSI’ definition.**

      Chapter 9-5

Chapter 9: Surgical Site Infection (SSI) Event

- **Clarification:**
  - **The second bullet (•) within the Definition of an NHSN Operative Procedure has been updated to state:**
    - **'...or entry is through an existing incision (such as an incision from a prior operative procedure)' with removal of 'reoperation via an incision that was left open during a prior operative procedure' to clarify that entry through an existing incision does not have to be an incision that was previously left open. Chapter 9-4**
  - **Title for 'Secondary BSI Attribution Period for SSI' definition was updated to 'Secondary BSI Scenarios for SSI'.**
    - **The two scenarios for which a bloodstream infection can be determined secondary to an SSI are outlined. Chapter 9-6**

Chapter 9: Surgical Site Infection (SSI) Event

- **Clarification cont:**
  - **'Denominator for Procedure Details':**
    - **Clarification made that if a clean (C) wound class was assigned to an APPY, BILI, CHOL, COLO, REC, SB, and VHYS, the procedure cannot be included in the denominator for procedure data. The IP should not modify the wound class. Chapter 9-10**
  - **SSI Event Reporting Instruction #3:**
    - **Updates made to state:**
      - **'The evidence of infection must be noted intraoperatively and documented within the narrative portion of the operative note or report of surgery to be eligible for PATOS (pre/post op diagnoses, 'indication for surgery', and other headings routinely included in an operative note are not eligible with answering PATOS)'. Chapter 9-18**
    - **'Key Points for consideration' section updated to better clarify application of PATOS. Chapter 9-18**

Chapter 9: Surgical Site Infection (SSI) Event

- **Clarification cont:**
  - **SSI Event Reporting Instruction #10:**
    - **Clarification made that tissue levels that are not entered are still eligible for SSI.**
    - **Sentence added that 'Routine flushing of catheters as part of the facility's standard care and maintenance is not considered invasive manipulation'. Chapter 9-22**
  - **Instructions for Completion of Surgical Site Infection (SSI) Form (CDC 57.120):**
    - **'Event Details: Detected':**
      - **verbiage updated to better define the four SSI identification types-**
        - **A-before the patient discharged**
        - **P-not readmitted to any facility**
        - **RF-readmission to facility where procedure performed**
        - **RO-readmission to a facility other than where the procedure performed**

Chapter 9: Surgical Site Infection (SSI) Event

- **Deletion:**
  - **Removed:**
    - **From the 'Definition of an NHSN Operative Procedure':**
      - **'Exclusions:**
        - » **Otherwise eligible procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance' Chapter 9-4**
        - » **as the 'ASA Physical Status' definition found under 'Denominator for Procedure Details' addresses this exclusion. Chapter 9-7**
  - **Removed:**
    - **Denominator Reporting Instructions:**
      - **#1 'Closure Type' and #2 'Wound class' as closure type and wound class are already defined/addressed under 'Denominator for Procedure Details'. Chapter 9-(8-10)**
      - **Note that re-numbering of the Denominator Reporting Instructions has now occurred**

Chapter 10: Ventilator – Associated Event (VAE)

- **Addition:**
  - **Data Analyses:**
    - **Additional analysis resources section added. Chapter 10-23**

- **Clarification:**
  - **Definitions:**
    - **14-day Event Period moved to its own definition.**
      Chapter 10-6
  - **Reporting Instructions**
    - **VAE algorithm (PVAP Criterion 3), and FAQ no. 18 updated to reflect the following:**
      - **Pleural fluid specimens obtained during thoracentesis or within 24 hours of chest tube placement are eligible specimens.**
      - **Pleural fluid specimens collected after a chest tube is repositioned or from a chest tube in place > 24 hours are not eligible specimens.**

        Algorithm Chapter 10-18 FAQ 18 Chapter 10-41

  - **Denominator Data:**
    - **Validation of electronic counts guidance updated to be consistent with other device-associated chapters. Chapter 10-19**

Chapter 11: Pediatric Ventilator-Associated Event (PedVAE)

- **Addition:**
  - **Data Analyses:**
    - **Additional analysis resources section added. Chapter 11-15**

- **Clarification:**
  - **Definitions:**
    - **14-day Event Period moved to its own definition.**

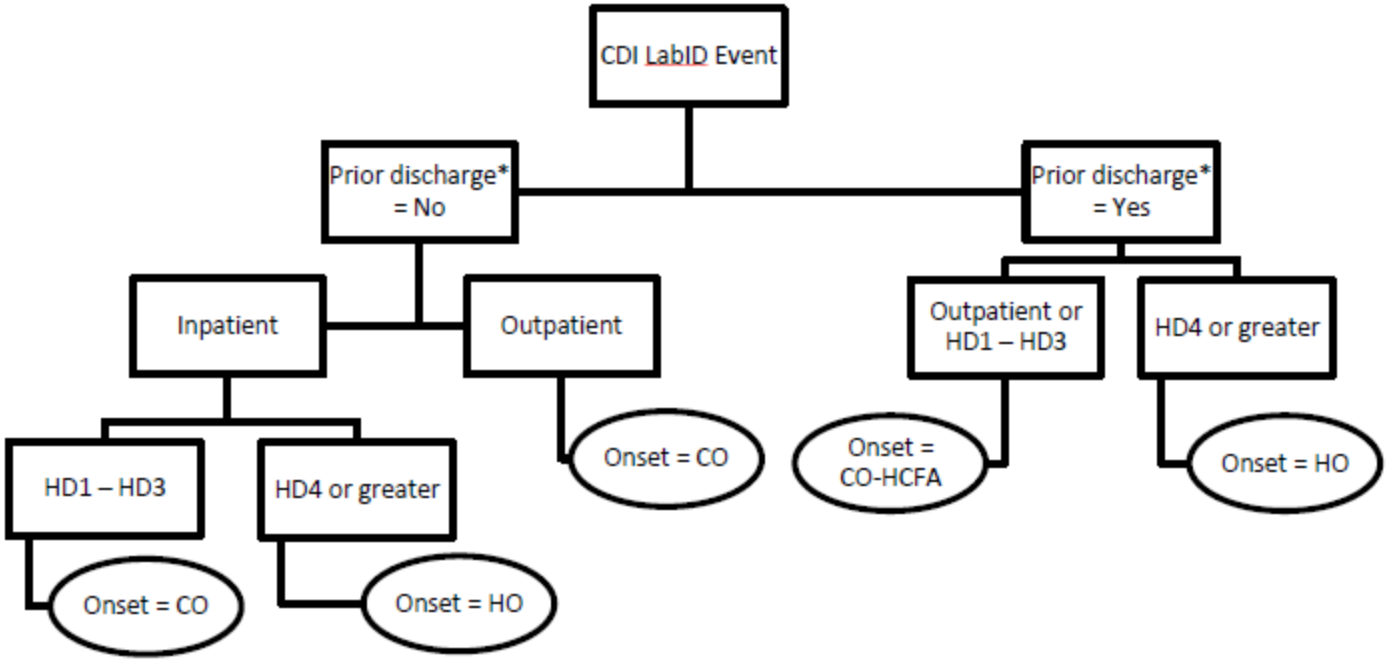
      Chapter 11-5
  - **Denominator Data:**
    - **Validation of electronic counts guidance updated to be consistent with other device-associated chapters.**

      Chapter 11-13

Chapter 12: MDRO & CDI

No content change, some information has been relocated to improve information flow.

- **Addition:**
  - **New graphics in analysis section that show CO/HO/CO-HCFA determination. Chapter 12-29**



* Patient discharged from inpatient location within the same facility less than or equal to 28 days prior current event

Hospital Day (HD)

Chapter 14: Antimicrobial Use and Resistance

- **Addition:**
  - **For AU Option: none**
  - **For AR Option:**
    - **A new question was added to the AR Event CDA to assess whether the patient was admitted during the encounter (yes/no).**
    - **The required drug panels were updated to reflect more recent CLSI testing guidance.**
    - **The AR Option Phenotype definitions were updated to reflect additions to the drug panels**

Chapter 14: Antimicrobial Use and Resistance

- **Clarification:**
  - **For AU Option: none**
  - **For AR Option:**
    - **The term Enterobacterales will replace Enterobacteriaceae in the AR Option phenotypes**

- **Deletion:**
  - **For AU Option: none**
  - **For AR Option:**
    - **Two inactive Snomed codes were removed from the AR Option Pathogen Roll-up Workbook.**
    - **The workbook can be found in the AR CDA Toolkit here:**

      https://www.cdc.gov/nhsn/cdaportal/toolkits.html

Chapter 16: Key Terms

- **Addition:**
  - **Added definition for Non-Bedded Location to be defined as:**
    - **"A patient care location that does not house patients overnight; therefore, for NHSN reporting purposes a device associated HAI event cannot be attributed to the location since there are no patient or device day counts collected."**
  - **Note:**
    - **There are non-bedded locations that are considered inpatient non-bedded locations such as the OR, inpatient dialysis, interventional radiology, or the cardiac catherization lab.**

      Chapter 16-5

Chapter 16: Key Terms

- **Addition cont:**
  - **Added definition for SSI Surveillance Period:**
    - **"The timeframe following an NHSN operative procedure for monitoring and identifying an SSI event.**
      - **The surveillance period is determined by the NHSN operative procedure category (for example, COLO has a 30-day SSI surveillance period and KPRO has a 90-day SSI surveillance period, see Table 2 within the SSI protocol). Superficial incisional SSIs are only followed for a 30-day period for all procedure types. Secondary incisional SSIs are only followed for a 30-day period regardless of the surveillance period for the primary site."**

        Chapter 16-7

Chapter 16: Key Terms

- **Clarification:**
  - **Definition for Device-associated Infections updated for consistency with those provided in Chapter 6 and 7:**
    - **"For a patient who has a ventilator or urinary catheter in place prior to inpatient admission, the device day count that determines device–association begins with the admission date to the first inpatient location." Chapter 16-2**
  - **Gross Anatomical Exam updated to be consistent with the MISC FAQ and SSI FAQ. Chapter 16-3**

Chapter 17: Surveillance Definitions

- **Additions:**
  - **CONJ - Elements of CONJ 1 and CONJ 2a, 2b, 2c and 2d are now combined to meet a single CONJ 1 infection criterion.**
    - **In addition, the new CONJ 1 definition will require one eligible sign or symptom: pain, erythema or swelling of conjunctiva or around eye. Chapter 17-16**
  - **EAR - The term, "labyrinthitis", added to the otitis interna criteria. Chapter 17-17**
  - **UR - Reporting instruction:**
    - **Nasopharyngeal specimens are eligible to cite a UR.**

      Chapter 17-19

Chapter 17: Surveillance Definitions

- **Additions cont:**
  - **LUNG**
    - **# 1 – Pleural specimens collected via thoracentesis within 24 hours of initial chest tube placement are now eligible for use to cite LUNG # 1 Chapter 17-24**
  - **LUNG - Reporting Instruction:**
    - **If pleural fluid specimen is collected after a chest tube is repositioned OR after 24 hours, this pleural fluid specimen is not eligible for LUNG #1.**
    - **Repositioning must be documented in the patient record by a healthcare professional.**

      Chapter 17-24

Chapter 17: Surveillance Definitions

- **Clarification:**
  - **VASC –**
    - **Reporting instruction regarding the 'Pus at the Vascular Access Site' CLABSI exclusion revised to mirror the verbiage in BSI FAQ # 21.**

      Chapter 17-16 and

      https://www.cdc.gov/nhsn/faqs/faq-bsi.html

- **Deletion:**
  - **CONJ 2 - Removed. Elements from CONJ 2a, 2b, 2c, and 2d are combined with CONJ 1 to meet a single CONJ 1 definition.**

TN NHSN Training 2022

Christopher Wilson, MD

NHSN Training Webinars in 2022

- **NHSN 2022 Changes**
  - **Today!**
- **Antibiotic Use/Antibiotic Resistance**
  - **Monday, January 24th, 10am-11am CT**
- **CLABSI/CAUTI Surveillance**
  - **Monday, January 31st, 10am-11am CT**
- **SSI Surveillance**
  - **Monday, February 7th, 10am-11am CT**
- **VAE/PedVAE Surveillance**
  - **Monday, February 14th, 10am-11am CT**
- **MRSA and CDI LabID Surveillance**
  - **Thursday, February 24th, 10am-11am CT**
- **NHSN Analysis**
  - **Monday, February 28th, 10am-11am CT**

Virtual Case Based NHSN Trainings in 2021

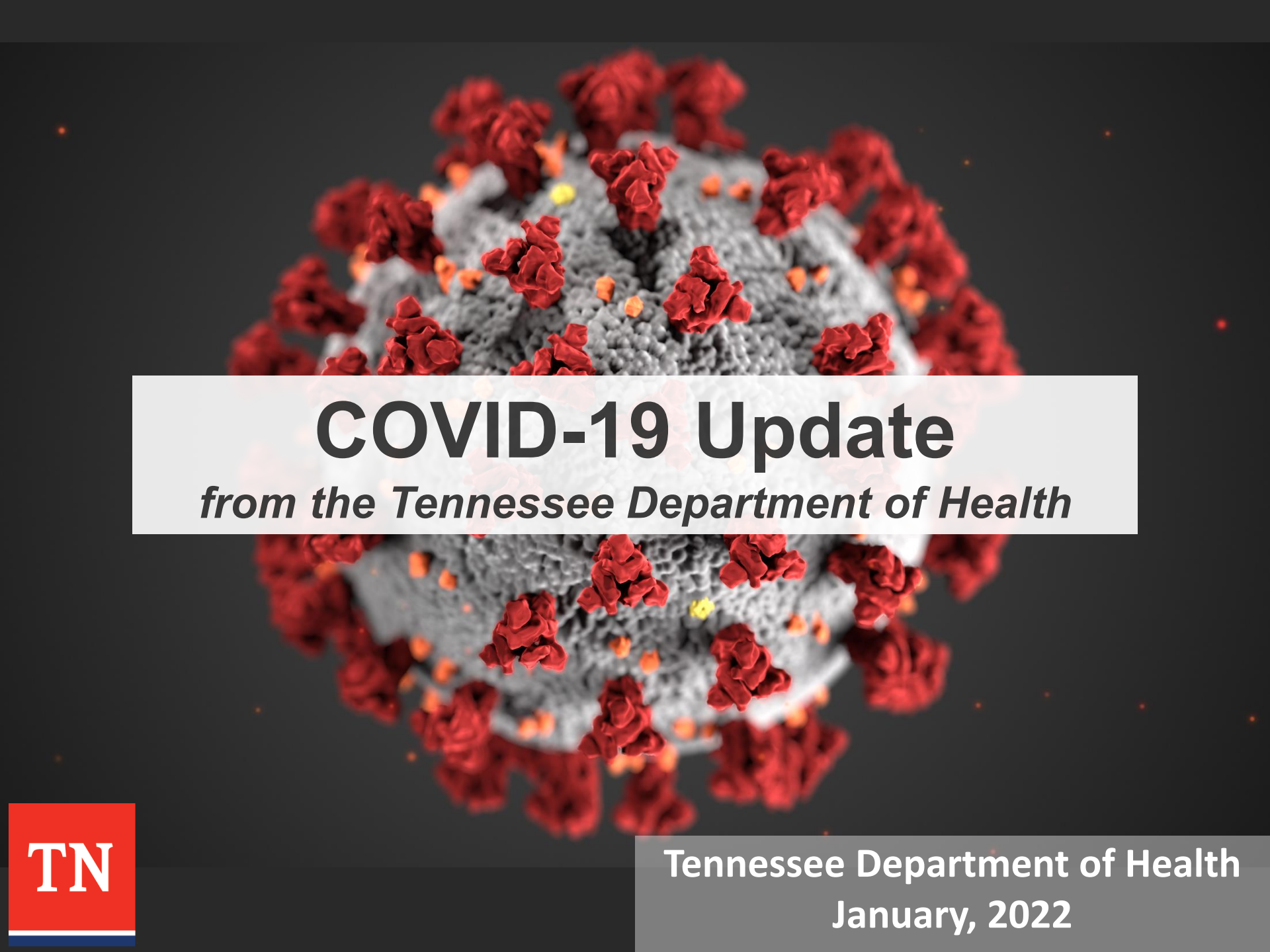
- **3 identical sessions, choose one that work for you**
- **Registration links to follow in early January**
- **Case study workbook to be released week prior to session**
- **Sessions**
  - **One: Friday, February 11th, 12pm – 4pm CT**
  - **Two: Thursday, February 17th, 8am – 12pm CT**
  - **Three: Friday, February 18th, 8am – 12pm CT**

PROJECT FIRSTLINE IS FOR YOU

PROJECT FIRSTLINE

CDC's National Training Collaborative for Healthcare Infection Prevention & Control

CS320316-A

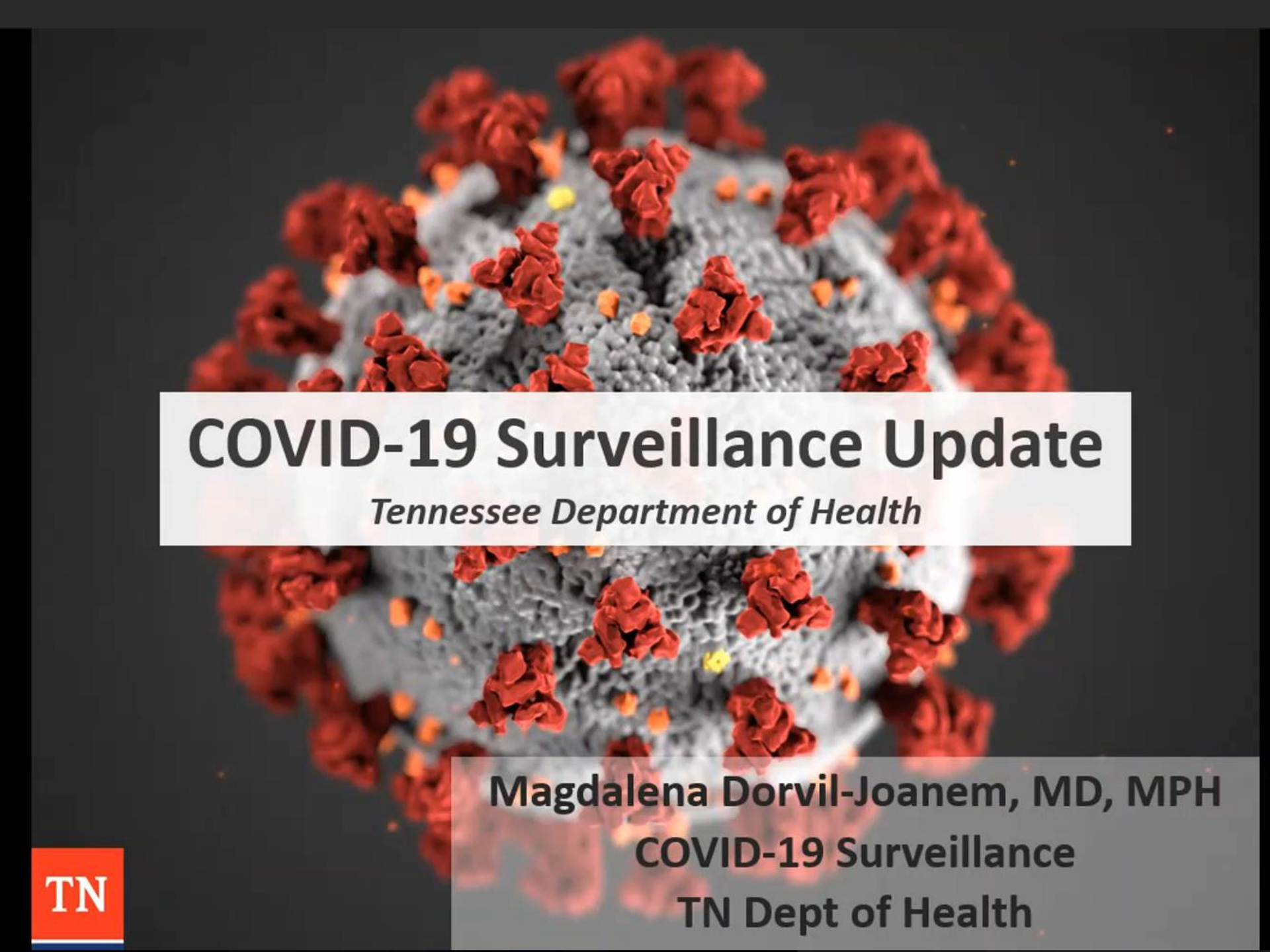


COVID-19 Update

from the Tennessee Department of Health

TN

Tennessee Department of Health
January, 2022



COVID-19 Surveillance Update

Tennessee Department of Health

Magdalena Dorvil-Joanem, MD, MPH
COVID-19 Surveillance
TN Dept of Health

TN

Next NHSN User Call

- **Tuesday, February 22nd, 2022***
  - **10am CT**
  - ***moved from Monday due to Presidents' Day**

- **NHSN Related**
  - **Vicky.Reed@tn.gov**

- **Infection Prevention**
  - **HAI.Health@tn.gov**

- **General / Other**
  - **Christopher.D.Wilson@tn.gov**